

## Sponsor Letterhead

### **Serious Deficiency Process**

#### **Letter K: Notice of Withdrawal of Suspension and Proposed Termination and Proposed Disqualification: Imminent Threat to Health or Safety (after provider wins appeal)**

Date

Provider's Name

Provider's Street Address

Provider's City, State, Zip code

Licensed/Unlicensed Provider Number/Sponsor Assigned Provider Number

Provider's Date of Birth

Certified Return Receipt #

#### **Notice of Temporary Withdrawal of Suspension and Proposed Termination and Proposed Disqualification**

Dear [Provider]:

This letter is being sent via [certified mail, return receipt (or the equivalent private delivery service), by facsimile or by e-mail address and regular mail]. It will be considered delivered five days from the date it is mailed. [Sponsor] has a responsibility to the United States Department of Agriculture (USDA) and the Michigan Department of Education (MDE) to properly monitor child care providers to ensure compliance with the regulations and requirements of the Child and Adult Care Food Program (CACFP).

On [date of Combined Notice], a letter was sent to you by [method of delivery] and received on [date], notifying you that you were seriously deficient in the operation of the CACFP, proposed to suspend your participation in the CACFP, proposed to terminate your CACFP agreement for cause, and proposed to disqualify you from further CACFP participation.

You filed a timely appeal of the proposed termination and proposed disqualification. On [date of Hearing Official's decision], the Hearing Official issued a decision on the appeal. In that decision, the proposed actions were overturned.

As a result, we have deferred the suspension, the proposed termination of your agreement for cause, and your proposed disqualification as of [date of Hearing Official's decision].

You must still submit a corrective action plan to implement procedures and policies to permanently correct the serious deficiency(ies). Upon approval of an acceptable corrective plan, [sponsoring organization] will temporarily defer the determination that you are seriously deficient. If [sponsoring organization] initially determines that the corrective action is complete, but later determines that the serious deficiency(ies) has recurred, [sponsoring organization] must move to immediately to issue a notice of intent to terminate and disqualify you.

Any valid claims for reimbursement submitted by you for the period of suspension will be paid. You must submit these claims by [insert a date that will give the provider an appropriate length of time to submit these claims].

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Please contact [staff name, title] at [phone number] if you have any questions or require any additional information.

Sincerely,

cc: Michigan Department of Education  
Michigan Department of Human Services, Bureau of Child and Adult Licensing  
Provider file